

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	bm		10-19-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	FR	1008	11/26/01
RESPONSE FORMALITY REVIEW	MTB	454	3/20/02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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J1030 U.S. PTO

Form (Rev. 11-26-01)

530  
 11-26-01

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 3/21/02